


GAU 2778

|   |                             |                   |
|---|-----------------------------|-------------------|
| <b>Formal</b><br><b>AMENDMENT</b><br><b>TRANSMITTAL</b> | <b>In Re:</b>               |                   |
|   | <b>Application Number</b>   | 08/937,258        |
|   | <b>Filing Date</b>          | 09/13/97          |
|   | <b>First Named Inventor</b> | Richard J. Ditzik |
|   | <b>Group Art Unit</b>       | 2778              |
| <b>Examiner Name</b>                                    |                             | Lao, L.           |

For: Desktop Computer With Adjustable Flat Panel Screen

- A. ☒ Transmitted herein is an amendment for the above-identified application.
- B. ☒ Applicant is an small entity – verified statement already filed.

| Method of Payment (Check One)   |          |  |          |   |              |          | Fee Calculation (continued)  |  |                 |  |              |  |                 |          |          |          |     |                        |   |  |     |  |  |      |                                   |  |   |  |  |     |       |                          |  |  |  |  |     |      |                                     |  |  |  |  |     |     |                                |  |  |  |  |  |  |  |  |
|---|----------|--|----------|---|--------------|----------|--|--|-----------------|--|--------------|--|-----------------|----------|----------|----------|-----|------------------------|---|--|-----|--|--|------|-----------------------------------|--|---|--|--|-----|-------|--------------------------|--|--|--|--|-----|------|-------------------------------------|--|--|--|--|-----|-----|--------------------------------|--|--|--|--|--|--|--|--|
| 1. <input type="checkbox"/> Commissioner is here be authorized to charge indicated fees and credit any over payment to:<br><br>Deposit Account Nr. _____  |          |  |          |   |              |          | <b>3. ADDITIONAL FEES</b>  |  |                 |  |              |  |                 |          |          |          |     |                        |   |  |     |  |  |      |                                   |  |   |  |  |     |       |                          |  |  |  |  |     |      |                                     |  |  |  |  |     |     |                                |  |  |  |  |  |  |  |  |
|   |          |  |          |   |              |          | <table border="1"> <tr> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> </tr> <tr> <td>215</td> <td></td> <td>Extension for response within first month</td> <td></td> </tr> <tr> <td>216</td> <td></td> <td>Extension for response within second month</td> <td></td> </tr> <tr> <td>217</td> <td></td> <td>Extension for response within third month</td> <td></td> </tr> </table> |  |                 |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | 215 |                        | Extension for response within first month |  | 216 |  | Extension for response within second month |      | 217                               |  | Extension for response within third month |  |  |     |       |                          |  |  |  |  |     |      |                                     |  |  |  |  |     |     |                                |  |  |  |  |  |  |  |  |
| Small Entity  |          | Fee Description                            | Fee Paid |   |              |          |  |  |                 |  |              |  |                 |          |          |          |     |                        |   |  |     |  |  |      |                                   |  |   |  |  |     |       |                          |  |  |  |  |     |      |                                     |  |  |  |  |     |     |                                |  |  |  |  |  |  |  |  |
| Fee Code  | Fee (\$) |  |          |   |              |          |  |  |                 |  |              |  |                 |          |          |          |     |                        |   |  |     |  |  |      |                                   |  |   |  |  |     |       |                          |  |  |  |  |     |      |                                     |  |  |  |  |     |     |                                |  |  |  |  |  |  |  |  |
| 215   |          | Extension for response within first month  |          |   |              |          |  |  |                 |  |              |  |                 |          |          |          |     |                        |   |  |     |  |  |      |                                   |  |   |  |  |     |       |                          |  |  |  |  |     |      |                                     |  |  |  |  |     |     |                                |  |  |  |  |  |  |  |  |
| 216   |          | Extension for response within second month |          |   |              |          |  |  |                 |  |              |  |                 |          |          |          |     |                        |   |  |     |  |  |      |                                   |  |   |  |  |     |       |                          |  |  |  |  |     |      |                                     |  |  |  |  |     |     |                                |  |  |  |  |  |  |  |  |
| 217   |          | Extension for response within third month  |          |   |              |          |  |  |                 |  |              |  |                 |          |          |          |     |                        |   |  |     |  |  |      |                                   |  |   |  |  |     |       |                          |  |  |  |  |     |      |                                     |  |  |  |  |     |     |                                |  |  |  |  |  |  |  |  |
| <b>Fee Calculation</b>  |          |  |          |   |              |          |  |  |                 |  |              |  |                 |          |          |          |     |                        |   |  |     |  |  |      |                                   |  |   |  |  |     |       |                          |  |  |  |  |     |      |                                     |  |  |  |  |     |     |                                |  |  |  |  |  |  |  |  |
| <b>2. CLAIMS</b>  |          |  |          |   |              |          |  |  |                 |  |              |  |                 |          |          |          |     |                        |   |  |     |  |  |      |                                   |  |   |  |  |     |       |                          |  |  |  |  |     |      |                                     |  |  |  |  |     |     |                                |  |  |  |  |  |  |  |  |
|   |          |  | Extra    |   | Fee fm below | Fee Paid |  |  |                 |  |              |  |                 |          |          |          |     |                        |   |  |     |  |  |      |                                   |  |   |  |  |     |       |                          |  |  |  |  |     |      |                                     |  |  |  |  |     |     |                                |  |  |  |  |  |  |  |  |
| Total Claims:   | 9        | -20 =                                      | 0        | X | =            | 0        |  |  |                 |  |              |  |                 |          |          |          |     |                        |   |  |     |  |  |      |                                   |  |   |  |  |     |       |                          |  |  |  |  |     |      |                                     |  |  |  |  |     |     |                                |  |  |  |  |  |  |  |  |
| Independent Claims:   | 1        | -3   | 0        | X | =            | 0        |  |  |                 |  |              |  |                 |          |          |          |     |                        |   |  |     |  |  |      |                                   |  |   |  |  |     |       |                          |  |  |  |  |     |      |                                     |  |  |  |  |     |     |                                |  |  |  |  |  |  |  |  |
| Multiple Dep. Claims:   |          |  |          | X | =            | 0        |  |  |                 |  |              |  |                 |          |          |          |     |                        |   |  |     |  |  |      |                                   |  |   |  |  |     |       |                          |  |  |  |  |     |      |                                     |  |  |  |  |     |     |                                |  |  |  |  |  |  |  |  |
|   |          |  |          |   |              |          |  |  |                 |  |              |  |                 |          |          |          |     |                        |   |  |     |  |  |      |                                   |  |   |  |  |     |       |                          |  |  |  |  |     |      |                                     |  |  |  |  |     |     |                                |  |  |  |  |  |  |  |  |
| <table border="1"> <tr> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2"></th> <th rowspan="2"></th> <th rowspan="2"></th> <th rowspan="2"></th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> </tr> <tr> <td>203</td> <td>\$9</td> <td>Claims in excess of 20</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>202</td> <td>\$39</td> <td>Independent claims in excess of 3</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>204</td> <td>\$130</td> <td>Multiple dependent claim</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>209</td> <td>\$39</td> <td>Reissue indep. Claims over original</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>210</td> <td>\$9</td> <td>Reissue claims in excess of 20</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> |          |  |          |   |              |          | Small Entity   |  | Fee Description |  |              |  |                 | Fee Code | Fee (\$) | 203      | \$9 | Claims in excess of 20 |   |  |     |  | 202  | \$39 | Independent claims in excess of 3 |  |   |  |  | 204 | \$130 | Multiple dependent claim |  |  |  |  | 209 | \$39 | Reissue indep. Claims over original |  |  |  |  | 210 | \$9 | Reissue claims in excess of 20 |  |  |  |  |  |  |  |  |
| Small Entity  |          | Fee Description                            |          |   |              |          |  |  |                 |  |              |  |                 |          |          |          |     |                        |   |  |     |  |  |      |                                   |  |   |  |  |     |       |                          |  |  |  |  |     |      |                                     |  |  |  |  |     |     |                                |  |  |  |  |  |  |  |  |
| Fee Code  | Fee (\$) |  |          |   |              |          |  |  |                 |  |              |  |                 |          |          |          |     |                        |   |  |     |  |  |      |                                   |  |   |  |  |     |       |                          |  |  |  |  |     |      |                                     |  |  |  |  |     |     |                                |  |  |  |  |  |  |  |  |
| 203   | \$9      | Claims in excess of 20                     |          |   |              |          |  |  |                 |  |              |  |                 |          |          |          |     |                        |   |  |     |  |  |      |                                   |  |   |  |  |     |       |                          |  |  |  |  |     |      |                                     |  |  |  |  |     |     |                                |  |  |  |  |  |  |  |  |
| 202   | \$39     | Independent claims in excess of 3          |          |   |              |          |  |  |                 |  |              |  |                 |          |          |          |     |                        |   |  |     |  |  |      |                                   |  |   |  |  |     |       |                          |  |  |  |  |     |      |                                     |  |  |  |  |     |     |                                |  |  |  |  |  |  |  |  |
| 204   | \$130    | Multiple dependent claim                   |          |   |              |          |  |  |                 |  |              |  |                 |          |          |          |     |                        |   |  |     |  |  |      |                                   |  |   |  |  |     |       |                          |  |  |  |  |     |      |                                     |  |  |  |  |     |     |                                |  |  |  |  |  |  |  |  |
| 209   | \$39     | Reissue indep. Claims over original        |          |   |              |          |  |  |                 |  |              |  |                 |          |          |          |     |                        |   |  |     |  |  |      |                                   |  |   |  |  |     |       |                          |  |  |  |  |     |      |                                     |  |  |  |  |     |     |                                |  |  |  |  |  |  |  |  |
| 210   | \$9      | Reissue claims in excess of 20             |          |   |              |          |  |  |                 |  |              |  |                 |          |          |          |     |                        |   |  |     |  |  |      |                                   |  |   |  |  |     |       |                          |  |  |  |  |     |      |                                     |  |  |  |  |     |     |                                |  |  |  |  |  |  |  |  |
| <b>SUBTOTAL (2)</b>   |          |  |          |   |              |          | <b>TOTAL PAYMENT</b>   |  |                 |  |              |  |                 |          |          |          |     |                        |   |  |     |  |  |      |                                   |  |   |  |  |     |       |                          |  |  |  |  |     |      |                                     |  |  |  |  |     |     |                                |  |  |  |  |  |  |  |  |
| <div style="border: 1px solid black; display: inline-block; padding: 2px;">\$ 0</div>   |          |  |          |   |              |          | <div style="border: 1px solid black; display: inline-block; padding: 2px;">\$ 0</div>  |  |                 |  |              |  |                 |          |          |          |     |                        |   |  |     |  |  |      |                                   |  |   |  |  |     |       |                          |  |  |  |  |     |      |                                     |  |  |  |  |     |     |                                |  |  |  |  |  |  |  |  |

|                      |   |  |      |                            |                            |
|----------------------|---|--|------|----------------------------|----------------------------|
| <b>SUBMITTED BY:</b> |   |  |      | <b>Complete (if known)</b> |                            |
| Typed Name           | Richard J. Ditzik   |  |      | Reg. Number                |                            |
| Signature            |  |  | Date | 10/18/97                   | Deposit Account<br>User ID |

Certificate under 37 CFR 1.10 of Mailing by "Express Mail"

EK172175432US  
 "Express Mail" label number

10-18-97  
 Date of Deposit

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.



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